

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55	1					
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10	1						60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		4				
18		1					68		4				
19		1					69		4				
20	1						70		4				
21		1					71		4				
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		3					79						
30	1						80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		2					93						
44	1						94						
45		1					95						
46		1					96						
47	1						97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	9		↓		↓	
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	90		↓		↓	
TOTAL CLAIMS							TOTAL CLAIMS	99					

7/1/9

08/822 47 11822941

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		3				
30	1					
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1	3			
39		1	3			
40		1	3			
41		1	3			
42		1	3			
43		1	2			
44	1					
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	9					
TOTAL DEP.	90					
TOTAL CLAIMS	99					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55	1					
56		1				
57		1				
58		1				
59	1	1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		4				
68		4				
69		4				
70		4				
71		4				
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	34					
TOTAL CLAIMS	36					